



# Partner Protection Counseling: PrEP Checklist

Adapted from: Peluso, et al (2020)

<b>Participant ID:</b>	<b>Date:</b>
<b>Assess whether HIV status of partner(s) is known.</b>	<input type="checkbox"/> Assessed <input type="checkbox"/> Not Assessed
Initials and Comments:	
<b>Assess the volunteer's current understanding of HIV transmission risk to sex partner(s).</b>	<input type="checkbox"/> Assessed <input type="checkbox"/> Not Assessed
Initials and Comments:	
<b>Assess if the volunteer has other risk factors for transmitting HIV, such as sharing needles or active participation in chemsex.</b>	<input type="checkbox"/> Assessed <input type="checkbox"/> Not Assessed
Initials and Comments:	
<b>Describe the expected viral rebound during the ATI and the rationale for partner without HIV to use condoms, safer sex practices and/or PrEP.</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed
Initials and Comments:	
<b>Ask whether the volunteer has heard of PrEP.</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed
Initials and Comments:	
<b>Describe PrEP and its potential benefits.</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed
Initials and Comments:	
<b>Assess concerns about any negative consequences of disclosure.</b>	<input type="checkbox"/> Assessed <input type="checkbox"/> Not Assessed
Initials and Comments:	
<b>Provide and review the HIV Treatment Interruption Participation Disclosure Sheet.</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed
Initials and Comments:	
<b>Ask whether the participant is aware of potential HIV criminalization laws surrounding non-disclosure, exposure and/or transmission.</b> Ask if the participant is aware that HIV criminalization laws may be applied even in situations where there is no transmission. Ask if the participant wants to learn where to access additional information.	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Reviewed
Initials and Comments:	
<b>Provide the PrEP for Partners information sheet.</b>	<input type="checkbox"/> Check here if distributed
Initials and Comments:	
If cisgender female partners are involved, provide <b>Special Considerations for Cisgender Female Partners</b> supplement.	<input type="checkbox"/> Check here if distributed <input type="checkbox"/> Does not apply
Initials and Comments:	
<b>Review the resources for accessing PrEP provided on the information sheet.</b>	<input type="checkbox"/> Check here if reviewed
Initials and Comments:	
<b>Offer to follow up with the volunteer and/or their partner(s) if requested to link them to services.</b>	<input type="checkbox"/> Accepts link to services <input type="checkbox"/> Declines link to services
Initials and Comments:	